


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90055 039 ***150.00


DOCUMENT # P98000098947	
1. Entity Name CHAUHAN B, INC.	

Principal Place of Business 567 APPLETON PLACE OVIEDO, FL 32765	Mailing Address 567 APPLETON PLACE OVIEDO, FL 32765
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2. Principal Place of Business 1912 Marsh Wren Ct.	3. Mailing Address 903 N Pine Hills Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocoee, FL	City & State Orlando, FL
Zip 34761	Zip 32808
Country U.S.A.	Country U.S.A.

50063112



08162005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3543949	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CHAUHAN, BALKAR 567 APPLETON PLACE OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name: Kamaljit Chauhan Street Address (P.O. Box Number is Not Acceptable): 1912 Marsh Wren Ct City: Ocoee FL Zip Code: 34761
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kamaljit Chauhan DATE: 8-17-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAUHAN, BALKAR 567 APPLETON PLACE OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chauhan, Kamaljit 1912 Marsh Wren Ct. Ocoee, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kamaljit Chauhan DATE: 8-17-05 DAYTIME PHONE: 407-641-5906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR